

[illegible]

4. List the following ownership information for the applicant: If the applicant is a sole proprietorship, the name of the proprietor; if a partnership, the names of the partners; if a corporation or limited liability company, any person owning twenty-five (25) percent or more of the capital stock as of the date of the application. Provide a financial statement for each individual listed.

NAME	HOME ADDRESS	CITY	STATE	ZIP CODE	* SOCIAL SECURITY NUMBER	PERCENT OF STOCK HELD

5. Name of Manager and attach resume (the person who will be actively in charge of the business)

Business Address	Telephone Number	Fax Number
City	State	Zip Code
		E-Mail Address

* Manager's Social Security Number

6. Name of Contact Person if Other Than Manager

Business Address	Telephone Number	Fax Number
City	State	Zip Code
		E-Mail Address

* Contact Person's Social Security Number

7. List the names and addresses of all financial institution(s) in which the applicant (licensee) has a business relationship (including deposit accounts, loans, lines of credit, letters of credit, and other similar relationships).

NAME OF INSTITUTION	ACCOUNT NUMBER(S)	ACCOUNT TYPE	ADDRESS (City, State, Zip)	TELEPHONE NUMBER	E-MAIL ADDRESS

8. Please select the proposed business activities the applicant intends to conduct in North Dakota. List any that are not included below.

Small loans
Consumer loans
Auto loans

9. Has the applicant and or any individual listed in this application ever had this or a similar license in North Dakota or any other state or been a member of a licensed partnership, or an officer or director of a licensed corporation? ☐ No ☐ Yes List

NAME OF INDIVIDUAL	BUSINESS NAME USED	STATE LICENSED	LICENSE NUMBER	TYPE OF LICENSE	DATES HELD

10. Is the applicant currently operating in any states that do not require licensing? ☐ No ☐ Yes List

BUSINESS NAME USED	STATE

Please Attach Additional Sheets if More Space is Needed for Questions 9 - 11.

11. (A) Has the applicant's/any individuals' license in another state ever been denied, suspended or revoked or has the applicant/any individual been a party to an enforcement order, or paid civil money penalties? ☐ No ☐ Yes Explain

(B) Does the applicant/any individual have any administrative investigations or orders pending in any jurisdiction? ☐ No ☐ Yes Explain

(C) Has judgment ever been entered against the applicant/any individual in any civil matter involving any transaction of any kind? ☐ No ☐ Yes -Explain

If judgment was obtained, has it been paid? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain
If no, give current status of judgment.

(D) Has the applicant/any individual ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain

<p>(E) Has the applicant/any individual ever been convicted in any state or federal court of a crime of forgery, fraud, obtaining money under false pretense, embezzlement, extortion, larceny, burglary, breaking and entering, robbery, criminal conspiracy to defraud, or bribery?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - furnish details on separate sheet and attach to application.</p>

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to obtain credit information from any credit reporting agency.

Upon completion, forward the following documents to:
DEPARTMENT OF FINANCIAL INSTITUTIONS
2000 SCHAFER STREET, SUITE G
BISMARCK, ND 58501-1204

Application Form

Application Fees: (Make check payable to Department of Financial Institutions)
 \$400 Investigation Fee
 \$300 License Fee

Please attach a copy of the license/certificate from the home state or domicile of the applicant.

Financial Statement(s)

- (A) Attach to the application a financial statement including balance sheet and an income statement of the proposed applicant. The financial statement must include a sworn declaration as to accuracy unless it is a CPA audited financial statement.
- (B) Additionally, an individual financial statement must be submitted for: the proprietor, if the applicant is a sole proprietorship; if a partnership, each general partner, and the partnership; if a limited liability company or corporation, any individual owning 25 percent or more of the company/corporation stock.

Attach an organizational chart of the applicant and the parent company, if the applicant is a subsidiary corporation or limited liability company.

Resume of the proposed manager

Resolution of Board of Directors authorizing application for license

Would the applicant wish to receive on-line notification to renew their licenses? If yes, would the applicant be interested in renewing online?

IMPORTANT: Report any change(s) of the applicant to the Department of Financial Institutions within ten days of such change(s).

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

State of _____)
)ss.
County of _____)

I HEREBY CERTIFY that, on this _____ day of _____, 20_____, the undersigned has/have executed the foregoing Application for and on behalf of the Applicant, being duly authorized to do so; and further that the information and statements contained in the foregoing Application, including all exhibits and other documents attached thereto and all other information filed therewith, all of which are made a part of the foregoing Application, are correct, true, accurate and complete; and further that the Applicant knows and understands that, if the Applicant has knowingly made a false statement of a material fact in this Application or in any documentation provided to support the foregoing Application, then the foregoing Application may be denied and the Applicant may be subject to civil and/or criminal penalties under N.D.C.C. 13-03.1-18.

Name of Applicant (Leave blank if individual)
Authorized Signatory to Sign for Applicant
Printed Name (and Title, if applicable) of Signatory
Authorized Signatory to Sign for Applicant
Printed Name (and Title, if applicable) of Signatory

Acknowledgement

State of _____)
)ss.
County of _____)

The foregoing Application for a Consumer Finance License was acknowledged before me by _____ and by _____ on this _____ day of _____, 20____.

Witness my hand and official seal.

(SEAL)

Notary Public

My Commission Expires:

STATE OF NORTH DAKOTA

DEPARTMENT OF FINANCIAL INSTITUTIONS
2000 SCHAFER STREET SUITE G
BISMARCK, ND 58501-1204

I hereby authorize any person or entity contacted by the North Dakota Department of Financial Institutions with regard to my application for a license to release to the department any and all information requested, including information from any credit reporting agency.

Name of Applicant (Licensee)	Print Name of Individual Signing this Page
Signature X	Date

(Please copy this page for the applicant and each individual listed in Items No. 3 Thru 6 to sign, and return with your application to this Department)